

Julia R. Bueren, Director

Deputy Directors R. Mitch Avalon • Brian M. Balbas Stephen Kowalewski • Patricia McNamee

This form is to be filled out by or on behalf of a person with a disability who requires the installation / modification of curb ramps or the modification of existing accessible paths leading to curb ramps within public rights-of-way.

Fill out this form as complete as possible and mail to the address listed below. For further assistance call Chris Lau (925) 313-2293 or email clau@pw.cccounty.us. Provide a written description or sketch of the location(s) where curb ramps are needed for programmatic access to County services and/or facilities.

After submittal of this form the County will rank the intersection and include it in the prioritized list of intersections where curb ramps have been requested. Construction of ramps is dependent upon the number of requests received and the availability of funds

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	NE NW SE SW ALL (Please circle appropriate location(s))	W E		
STREETS:		S		
		Address		Address
commercial, me or recreational s	on provide access to public, edical, professional, educational services/facilities? Circle one	Street Name		
Does the location	on provide access to public			
transportation?	·	Address		Address
Is the location a	t a pedestrian crossing?		Street Name	
Does the location complete an intersection		Please mark intersection	eet L	
where the existi	ng curb ramps are located?	corner with an "X".	I lä I	
Please provide	a brief statement of why the ran	mp is needed: (Attach sepa	arate sheet if r	needed)
Name of Persor	n Needing Curb Ramp Modifica	tion:		
Contact (if different than above):				
	,			
Return to:	Transportation Engineering Public Works Department Attn: Chris Lau, Senior Civ 255 Glacier Drive Martinez, CA 94553			